PHIN:
Carrying the Ball for Clinical Interoperability

- PHIN Conference
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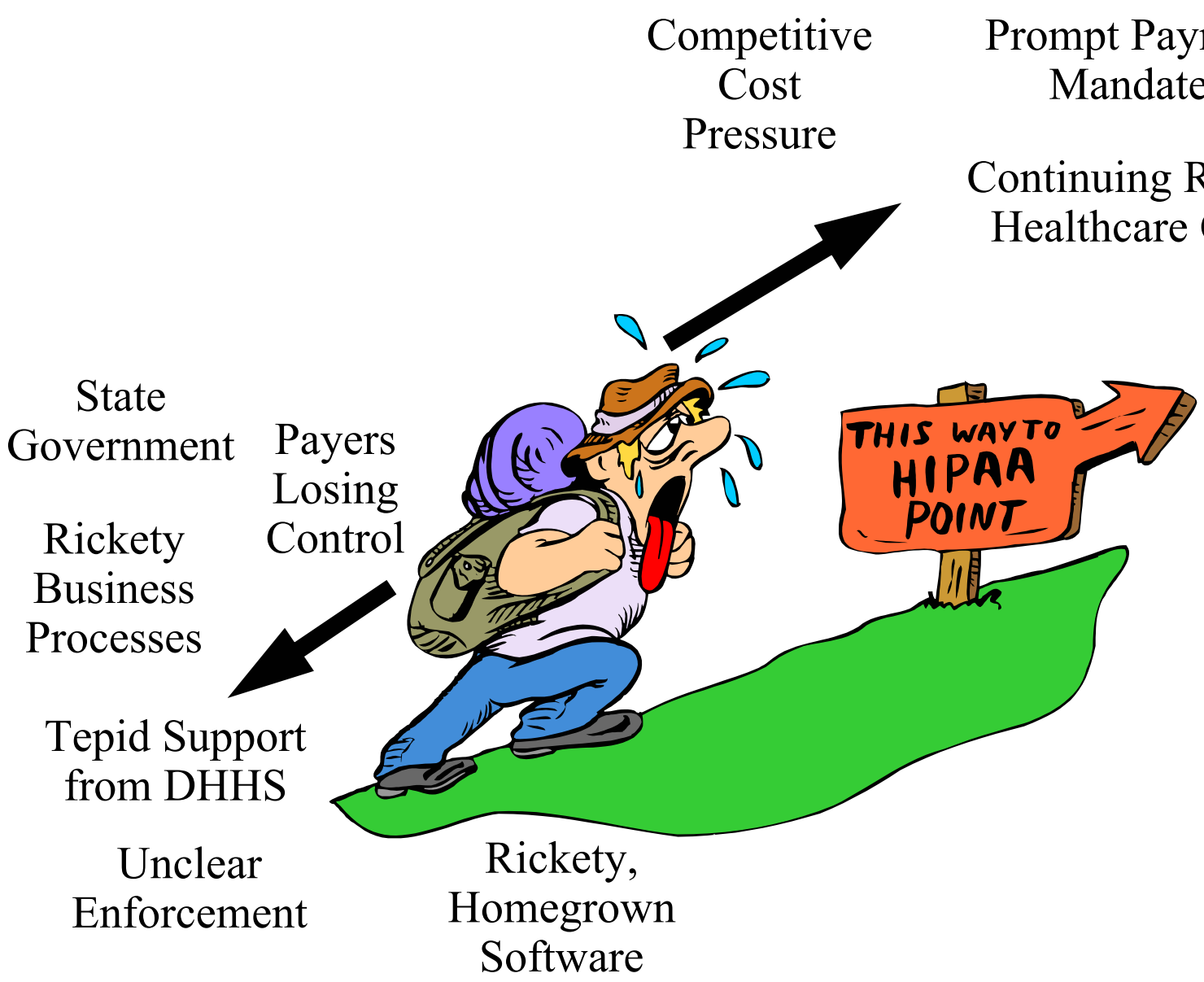
- Chair HL7

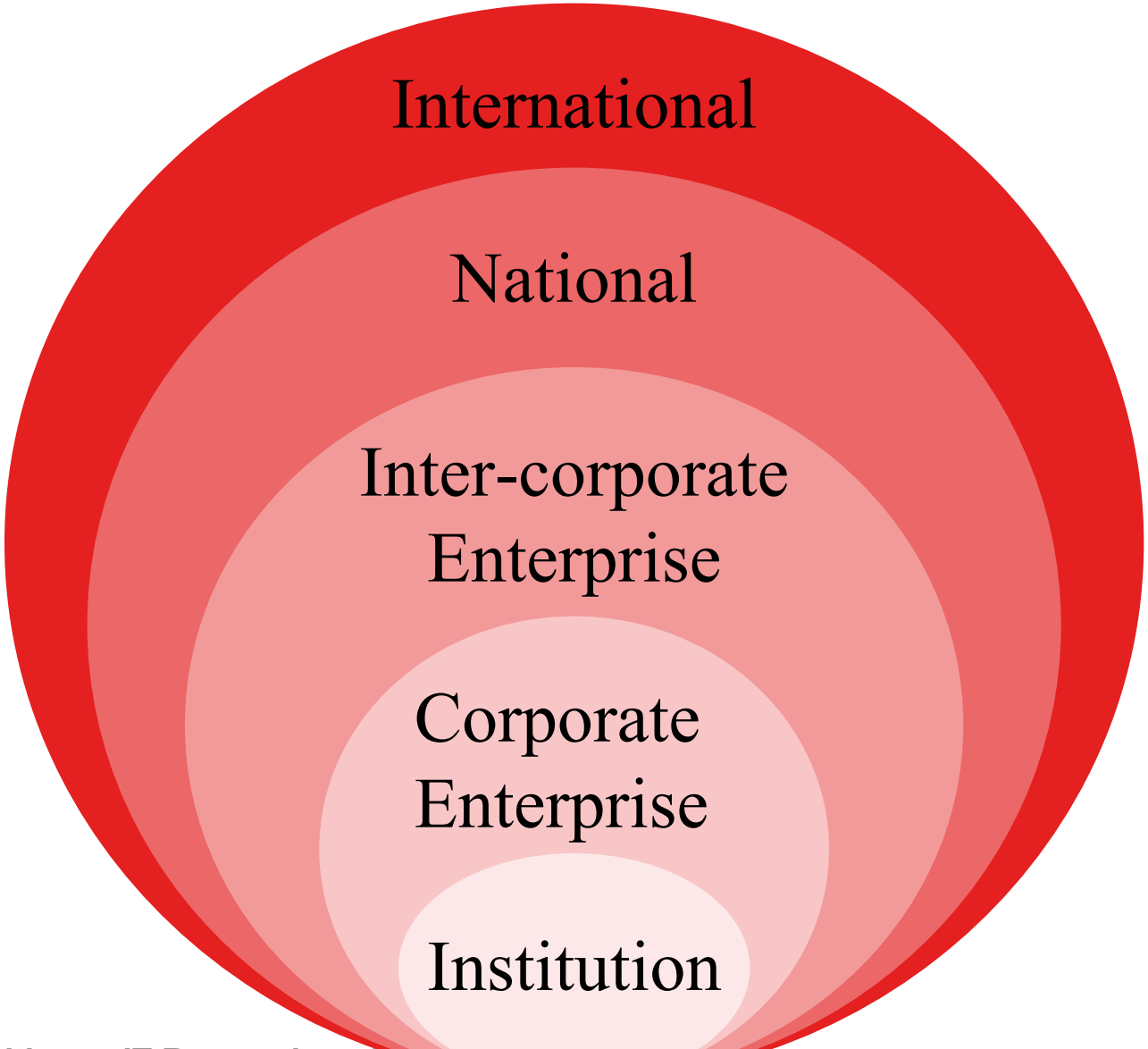
Why is HL7 Like Public Health?

- You don't go into it for the pay
- Often gets more "lip service" than dedicated compliance
- Recent events have increased regulatory awareness

Guess What? HIPAA Administrative Transactions Are Going to Work!



Clinical Standards Moving in Ever-Increasing Circles

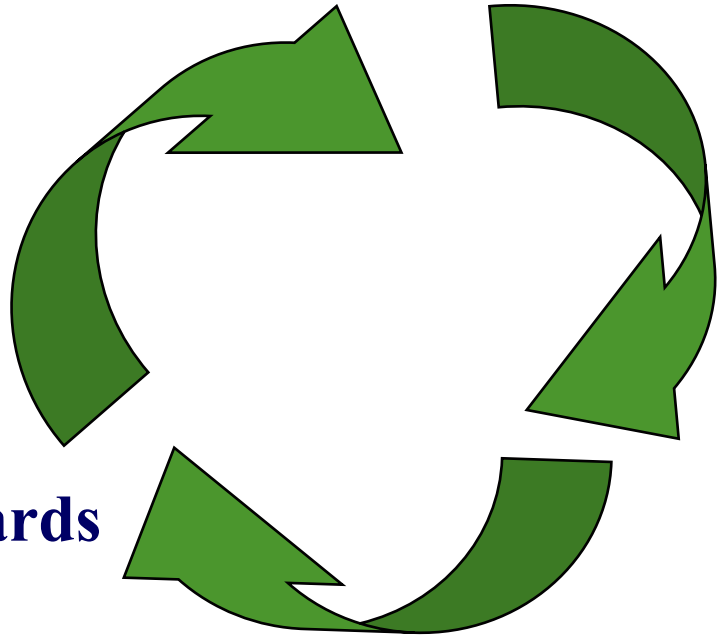


Lessons We Have Learned: Information Ecology

Web Services = Digital Dial Tone

Technological Infrastructure

Privacy Infrastructure



Semantic Standards

Data Sources Systems

Coordinated Codes and Structures

Available? Capture Suitable Data?

Ten Steps to Interoperability

1) Define the business case and incentives
2) Define the scope
3) Do the systems have to change? Who will pay?
4) Pick a standard, any standard
5) Create a defined consensus group
6) Define the implementation guide (IG)
7) Profile the "adjacent" standards
8) Test, test, test or debug, **debug**, debug, debug, debug, debug (Spin certification requirements from the IG)
9) If the system changes were substantial, stage the implementation and have a means to clarify the guide
10) Maintain on a reasonable life cycle

And...

The Public Health Information Network is a Model for this Approach

Conclusions of Gartner PHIN Study: Vision

- The conceptual vision and mission is widely accepted by the public health (PH) partners as correct
- The PHIN vision must continue to broaden beyond the structured data obtained from surveillance systems and labs to include syndromic data from clinics, ERs, Doctor's offices, pharmacies, etc. that may not be available in a structured form.

Diversity of Participants

- A multi-level approach is required for agencies at various levels of budgeting and technical expertise
- The "target" systems integration architecture (i.e., PHIN) must provide standards, design patterns and formats that application developers use to integrate their applications into the PHIN.

Standards

- The PHIN needs to accommodate reporting on data where codes have not been established.
- Very little HL7 capability is in place today. Mostly this is used with large “trading partners” such as national labs. Generally the non-HL7 approaches are less structured.
- Using alternatives where HL7 applies will be increasingly untenable under the CHI initiative

Standards (Continued)

- ebXML is an appropriate protocol for the PHIN to target for adoption
- LDAP is the appropriate directory standard for use within the PHIN, although most PH departments are using various other forms of directory services today.

Getting There

- Most states are supporting a variety of “low tech” HW/SW platforms today to communicate information from local PH entities and clinical partners to state PH departments.
- The CDC can promote the adoption of the target architecture by buying or building compliant components.
- Additionally, CDC could provide PHIN compliant code to COTS vendors to include in their products.

Getting There (continued)

- Gartner believes that the CDC should allow for transitional elements within the PHIN architecture.
- A PHIN Compatible System will meet all the standards provided within the specifications.
- Gradations of compatibility may need to be considered during evaluation.
- Compliance Testing an important part of the program.

Prospects for PHIN

- The PHIN standards and specifications are a strong start and are appropriate for use in PH
- Success of the PHIN relies on both CDC and its PH partners-all must commit to this initiative in order for it to succeed